

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 6
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee Basis DSP			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">17</table> / <table border="1" style="display:inline-table; margin:0 5px;">2018</table>		
Mailing Address 2450 N St NW 3rd Floor			Amount <table border="1" style="display:inline-table; margin:0 5px;">4228.92</table>		
City Washington	State DC	Zip Code 20037	Transaction ID : SE.9881		
Purpose of Expenditure Digital ads		Category/ Type <table border="1" style="display:inline-table; margin:0 5px;">004</table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">17</table> / <table border="1" style="display:inline-table; margin:0 5px;">2018</table>		
Name of Federal Candidate CRAMER, KEVIN MR., , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>ND</u>		
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; margin:0 5px;">25556.78</table>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ► _____		

Full Name of Payee Basis DSP			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">17</table> / <table border="1" style="display:inline-table; margin:0 5px;">2018</table>		
Mailing Address 2450 N St NW 3rd Floor			Amount <table border="1" style="display:inline-table; margin:0 5px;">4228.92</table>		
City Washington	State DC	Zip Code 20037	Transaction ID : SE.9882		
Purpose of Expenditure Digital ads		Category/ Type <table border="1" style="display:inline-table; margin:0 5px;">004</table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">17</table> / <table border="1" style="display:inline-table; margin:0 5px;">2018</table>		
Name of Federal Candidate HEITKAMP, HEIDI, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>ND</u>		
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; margin:0 5px;">29785.70</table>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	<table border="1" style="display:inline-table; margin:0 5px;">8457.84</table>
(b) SUBTOTAL of Unitemized Independent Expenditures	<table border="1" style="display:inline-table; margin:0 5px;"></table>
(c) TOTAL Independent Expenditures.....	<table border="1" style="display:inline-table; margin:0 5px;"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

 /

 /

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 2 OF 6
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee Facebook, Inc.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 1 Hacker Way			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 17 / 2018</div>		
City Menlo Park	State CA	Zip Code 94025	Transaction ID : SE.9866		
Purpose of Expenditure Digital ads		Category/ Type 004	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Name of Federal Candidate CRAMER, KEVIN MR., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: ND		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ►		

Full Name of Payee Facebook, Inc.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 1 Hacker Way			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 17 / 2018</div>		
City Menlo Park	State CA	Zip Code 94025	Transaction ID : SE.9867		
Purpose of Expenditure Digital ads		Category/ Type 004	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Name of Federal Candidate HEITKAMP, HEIDI, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: ND		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">12968.68</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Hulu		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2018	
Mailing Address 12312 W. Olympic Blvd		Amount 1973.50	
City Los Angeles	State CA	Zip Code 90064	Transaction ID : SE.9875
Purpose of Expenditure Digital ads	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2018	
Name of Federal Candidate CRAMER, KEVIN MR., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ND	
Calendar Year-To-Date Per Election for Office Sought 19354.36		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Hulu		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2018	
Mailing Address 12312 W. Olympic Blvd		Amount 1973.50	
City Los Angeles	State CA	Zip Code 90064	Transaction ID : SE.9876
Purpose of Expenditure Digital ads	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2018	
Name of Federal Candidate HEITKAMP, HEIDI, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ND	
Calendar Year-To-Date Per Election for Office Sought 21327.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3947.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Buchanan, Emily, ,**[Electronically Filed]*

Date

MM / DD / YYYY
10 / 17 / 2018

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 4 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee i360			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2018		
Mailing Address P.O. Box 37046			Amount 514.52		
City Baltimore	State MD	Zip Code 21297-3046	Transaction ID : SE.9864		
Purpose of Expenditure Digital ads		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2018		
Name of Federal Candidate CRAMER, KEVIN MR., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ND		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ► _____		

Full Name of Payee i360			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2018		
Mailing Address P.O. Box 37046			Amount 514.52		
City Baltimore	State MD	Zip Code 21297-3046	Transaction ID : SE.9865		
Purpose of Expenditure Digital ads		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2018		
Name of Federal Candidate HEITKAMP, HEIDI, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ND		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	1029.04
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 17 / 2018

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 5 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Media Bridge		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2018	
Mailing Address 11300 Astarita Ave		Amount 32.20	
City Partlow	State VA	Zip Code 22534	Transaction ID : SE.9883
Purpose of Expenditure Digital ads	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2018	
Name of Federal Candidate CRAMER, KEVIN MR., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ND	
Calendar Year-To-Date Per Election for Office Sought 29817.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee Media Bridge		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2018	
Mailing Address 11300 Astarita Ave		Amount 32.20	
City Partlow	State VA	Zip Code 22534	Transaction ID : SE.9884
Purpose of Expenditure Digital ads	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2018	
Name of Federal Candidate HEITKAMP, HEIDI, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ND	
Calendar Year-To-Date Per Election for Office Sought 32.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2001 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	64.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Buchanan, Emily, ,**[Electronically Filed]*

Date

MM / DD / YYYY
10 / 17 / 2018

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 6 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee YouTube		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2018	
Mailing Address 901 Cherry Ave		Amount 1691.57	
City San Bruno	State CA	Zip Code 94066	Transaction ID : SE.9873
Purpose of Expenditure Digital ads	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2018	
Name of Federal Candidate CRAMER, KEVIN MR., , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ND	
Calendar Year-To-Date Per Election for Office Sought 15689.29		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee YouTube		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2018	
Mailing Address 901 Cherry Ave		Amount 1691.57	
City San Bruno	State CA	Zip Code 94066	Transaction ID : SE.9874
Purpose of Expenditure Digital ads	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2018	
Name of Federal Candidate HEITKAMP, HEIDI, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ND	
Calendar Year-To-Date Per Election for Office Sought 17380.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3383.14
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	29850.10

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Buchanan, Emily, , ,**[Electronically Filed]*

Date

MM / DD / YYYY
10 / 17 / 2018

Signature